

**CONSUMER ASSESSMENT OF HEALTH PLANS (CAHPS)
RECIPIENT SATISFACTION SURVEY
SSI – Fee-For-Service – 2005**

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

☒

Yes → Go to Question 4

☐

No

All information that would let someone identify you or your family will be kept private.

Your personal information will not be shared with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number and a bar code on this survey. This number and bar code are only used to let us know if you returned your survey so you do not receive reminders.

If you want to know more about this study, please call 1-888-257-3407.

1. Our records show that you are now enrolled, or were recently enrolled, in Medical Assistance/T19/ Medicaid. Is that right?

☐ Yes

☐ No

YOUR PERSONAL DOCTOR OR NURSE

The next questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

2. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as your personal doctor or nurse?

☐ Yes → Go to Question 4

☐ No

3. Do you have the same personal doctor or nurse as before you joined Medical Assistance/T19/Medicaid?

☐ Yes ☐ No

4. Since you joined Medical Assistance/T19/Medicaid, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

☐ A big problem

☐ A small problem

☐ Not a problem

☐ I did not get a new personal doctor or nurse

5. Does your personal doctor or nurse understand how any health problems you have affect your day-to-day life?

☐ Yes ☐ No

Please continue to the next page

6. We want to know your rating of your personal doctor or nurse.

Using any number from 0 to 10 where 0 is the worst, and 10 is the best, what number would you use to rate your personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
☐ 1 ☐ 6
☐ 2 ☐ 7
☐ 3 ☐ 8
☐ 4 ☐ 9
☐ 5 ☐ 10 Best personal doctor or nurse possible

☐ I do not have a personal doctor or nurse.

YOUR HEALTH CARE IN THE LAST 6 MONTHS

7. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 6 months, did you make any appointments with a doctor or other health provider for regular or routine health care?

☐ Yes ☐ No → Go to Question 10

8. In the last 6 months, not counting times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not need an appointment for health care in the last 6 months.

9. In the last 6 months, not counting times you needed health care right away, how many days did

you usually have to wait between making an appointment and actually seeing a provider?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Same day | <input type="checkbox"/> 8 to 14 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 15 to 30 days |
| <input type="checkbox"/> 2 to 3 days | <input type="checkbox"/> 31 days or more |
| <input type="checkbox"/> 4 to 7 days | <input type="checkbox"/> I did not need an appointment for health care in the last 6 months. |

10. In the last 6 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I did not get a new personal doctor or nurse

11. In the last 6 months, did you have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

☐ Yes ☐ No → Go to Question 14

12. In the last 6 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not need care right away for an illness or injury in the last 6 months.

13. In the last 6 months, when you needed care right away for an illness or injury, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Same day | <input type="checkbox"/> 8 to 14 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 15 to 30 days |
| <input type="checkbox"/> 2 to 3 days | <input type="checkbox"/> 31 days or more |
| <input type="checkbox"/> 4 to 7 days | <input type="checkbox"/> I did not need care right away for an illness or injury in the last 6 months. |

Please continue to the next page

14. In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because the doctor spoke a different language than you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

15. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

16. In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

17. In the last 6 months, how often did doctors or other health providers spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

18. We want to know your rating of all your health care in the last 6 months from all doctors and other health providers.

Using any number from 0 to 10 where 0 is the worst, and 10 is the best, what number would you use to rate all your health care in the last 6 months?

- ☐ 0 Worst health care possible
- ☐ 1 ☐ 6
- ☐ 2 ☐ 7
- ☐ 3 ☐ 8
- ☐ 4 ☐ 9
- ☐ 5 ☐ 10 Best health care possible

☐ I had no visits in the last 6 months.

19. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?

- ☐ Yes ☐ No → Go to Question 21

20. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how much of a problem was it to get one?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem
- ☐ I had no visits in the last 6 months or I did not need an interpreter in the last 6 months.

21. In the last 6 months, how often were you involved as much as you wanted in decisions about your health care?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I had no visits in the last 6 months.

22. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

☐ Yes ☐ No → Go to Question 24

Please continue to the next page

23. In the last 6 months, how much of a problem, if any, was it to get the special medical equipment you needed through Medical Assistance/T19/Medicaid?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I did not need special medical equipment in the last 6 months.

24. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

☐ Yes ☐ No → Go to Question 26

25. In the last 6 months, how much of a problem, if any, was it to get the special therapy you needed through Medical Assistance/T19/Medicaid?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I did not need special therapy in the last 6 months.

26. Home health care or personal care means home nursing, help with bathing or dressing, and help with basic household tasks.

In the last 6 months, did you need someone to come into your home to give you home health care or assistance?

☐ Yes ☐ No → Go to Question 28

27. In the last 6 months, how much of a problem, if any, was it to get the home health care or personal care you needed through Medical Assistance/T19/Medicaid?

- ☐ A big problem
☐ A small problem
☐ Not a problem

☐ I did not need home health care or personal care in the last 6 months.

GETTING OTHER HEALTH CARE

28. In the last 6 months, did you get care from a dentist's office or dental clinic?

☐ Yes ☐ No → Go to Question 31

29. In the last 6 months, how much of a problem was it to get the dental care that you needed?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I did not need dental care in the last 6 months.

30. We want to know your rating of your dental care from all dentists and other dental providers in the last 6 months.

Using any number from 0 to 10 where 0 is the worst, and 10 is the best, what number would you use to rate all your dental care in the last 6 months?

- ☐ 0 Worst dental care possible
☐ 1 ☐ 6
☐ 2 ☐ 7
☐ 3 ☐ 8
☐ 4 ☐ 9
☐ 5 ☐ 10 Best dental care possible

☐ I had no dental visits in the last 6 months.

31. In the last 6 months, did you need treatment for emotional or mental health problems?

☐ Yes ☐ No → Go to Question 35

32. In the last 6 months, did you try to get treatment for emotional or mental health problems?

☐ Yes ☐ No → Go to Question 35

Please continue to the next page

33. In the last 6 months, how much of a problem, if any, was it to get treatment for emotional or mental health problems?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I did not need treatment for emotional or mental health problems in the last 6 months.

34. We want to know your rating of your treatment for emotional or mental health problems in the last 6 months.

Using any number from 0 to 10 where 0 is the worst, and 10 is the best, what number would you use to rate your treatment for emotional or mental health problems in the last 6 months?

- ☐ 0 Worst treatment possible
☐ 1 ☐ 6
☐ 2 ☐ 7
☐ 3 ☐ 8
☐ 4 ☐ 9
☐ 5 ☐ 10 Best treatment possible
☐ I did not need treatment for emotional or mental health problems in the last 6 months

35. In the last 6 months, did you need treatment for alcohol or drug use problems?

- ☐ Yes ☐ No → Go to Question 39

36. In the last 6 months, did you try to get treatment for alcohol or drug use problems?

- ☐ Yes ☐ No → Go to Question 39

37. In the last 6 months, how much of a problem, if any, was it to get treatment for alcohol or drug use problems?

- ☐ A big problem
☐ A small problem

- ☐ Not a problem
☐ I did not need treatment for alcohol or drug use problems in the last 6 months.

38. We want to know your rating of your treatment for alcohol or drug use problems in the last 6 months.

Using any number from 0 to 10, where 0 is the worst, and 10 is the best, what number would you use to rate all your treatment for alcohol or drug use problems in the last 6 months?

- ☐ 0 Worst treatment possible
☐ 1 ☐ 6
☐ 2 ☐ 7
☐ 3 ☐ 8
☐ 4 ☐ 9
☐ 5 ☐ 10 Best treatment possible

- ☐ I did not need treatment for alcohol or drug use problems in the last 6 months.

YOUR HEALTH PLAN

The next questions ask about your experience with Medical Assistance/T19/Medicaid.

39. In the last 6 months, did you get any new prescription medicine or refill a prescription?

- ☐ Yes ☐ No → Go to Question 41

40. In the last 6 months, how much of a problem, if any, was it to get your prescription medicine?

- ☐ A big problem
☐ A small problem
☐ Not a problem
☐ I did not get any new prescription medicine or refill a prescription in the last 6 months.

Please continue to the next page

41. We want to know your rating of all your experience with Medical Assistance/T19/Medicaid.

Using any number from 0 to 10, where 0 is the worst, and 10 is the best, what number would you use to rate Medical Assistance/T19/Medicaid?

- ☐ 0 Worst health plan possible
☐ 1 ☐ 6
☐ 2 ☐ 7
☐ 3 ☐ 8
☐ 4 ☐ 9
☐ 5 ☐ 10 Best health plan possible

ABOUT YOU

42. In general, how would you rate your overall physical health now?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

43. In general, how would you rate your overall mental or emotional health now?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

44. Do you use tobacco products (smoke or smokeless)?

- ☐ Everyday
☐ Most days
☐ Some days
☐ Not at all → Go to Question 46

45. In the last 6 months, on how many visits were you advised to quit using tobacco products (smoke or smokeless) by a doctor or other health provider in your health plan?

- ☐ I was advised to quit at all my visits
☐ I was advised to quit at most of my visits
☐ I was advised to quit at a few of my visits
☐ I was not advised to quit at any of my visits

46. What is your age now?

- ☐ 18 to 24 ☐ 55 to 64
☐ 25 to 34 ☐ 65 to 74
☐ 35 to 44 ☐ 75 and older
☐ 45 to 54

47. Are you male or female?

- ☐ Male ☐ Female

48. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less ☐ Some college or 2-year degree
☐ Some high school, but did not graduate ☐ 4-year college graduate
☐ High school graduate or GED ☐ More than 4-year college degree

49. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino

50. What is your race? Please mark one or more.

- ☐ White
☐ Black or African-American
☐ Hmong or Other Asian
☐ Russian or Eastern European
☐ American Indian or Alaska Native
☐ Other (please specify): _____

Please continue to the next page

51. What language do you mainly speak at home?

☐ English

☐ Spanish

☐ Hmong

☐ Russian

☐ Other (please specify): _____

***Thank you for completing this survey. Please
return the completed survey in the postage-paid
envelope***